

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023967

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 870B

FILED JUN 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|-------------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> | |
| Length of stay in 1b <u>9 days</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Handley Memorial Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>3044 West Olive</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>Eli</u> Last <u>Pendergrass</u> | | 4. DATE OF DEATH Month <u>June</u> Day <u>3</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/20/1875</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Stone Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>George Pendergrass</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jarie McGuire</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Missouri Mosher Eutsler</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. INFORMANT <u>Mrs. Mae Lane, Route #2, Billings, Mo.</u> | | 17. ADDRESS <u>Missouri Mosher Eutsler</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (a) <u>Acute Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Chronic Nephritis</u> DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Sensitivity ASHD</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Sensitivity ASHD</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour <u>5:20</u> a.m. <u>5:20</u> p.m. <u>5:20</u> Month, Day, Year | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5:20</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Dr. H. B. Danner, M.D.</u> | | 22b. ADDRESS <u>Handley Hosp Sybil Mo</u> | |
| 22c. DATE SIGNED <u>6/9/63</u> | | 22d. STATE <u>Missouri</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>June 5, 1963</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Wright Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Stone County, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>John Harris</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-18-63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u> | | 27. ADDRESS <u>Ozark, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Alan Harris

Licensed Embalmer No.

4390

P. O. Address

Ozark, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Permit 6-3-63